DOCUMENT RESUME

ED 198 275 CE 027 879

AUTHOR	Durr, Gloria E.: Bell, Camille G.
TITLE	Mainstreaming Strategies in Home Economics.
INSTITUTION	Stephen F. Austin State Univ., Nacogdoches, Tex.: Texas Tech Univ., Lubbock.
SPONS AGENCY	Texas Education Agency, Austin. Div. of Occupational Research and Development.
PUB DATE	Jun 80
NOTE	89p.
AVAILABLE FROM	Home Economics Instructional Materials Center, Texas Tech University, P.O. Box 4067, Lubbock, TX 79409.
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Definitions: *Disabilities: Educational Strategies: *Home Economics: *Information Sources: *Mainstreaming: Secondary Education: Self Evaluation (Individuals): *Teaching Methods: *Vocational Education

ABSTRACT

This manual is designed to aid vocational homemaking teachers in Texas to provide instruction for handicapped students in regular classes ("mainstreaming"). The manual is divided into nine parts. Part 1 explains the concept and purposes of mainstreaming and describes the development of the manual. Parts 2-7 relate to the following six types of handicapped students: mentally and emotionally handicapped and learning disabled: deaf, hearing, and speech impaired: blind and visually impaired: physically handicapped: health impaired: and multiply handicapped. Each of these parts contains a description of the handicap, problems and teaching strategies to meet them, services provided by the appropriate state agencies in Texas, and a list of selected resources. Part 8 of the manual is a bibliography, while part 9 , an appendix, includes the survey instruments for data collection and a self-evaluation instrument on mainstreaming for teacher use. (KC)

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MAINSTREAMING STRATEGIES In HOME ECONOMICS

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Dr. Gloria E. Durr — Stephen F. Austin State University
Dr. Camille G. Bell — Texas Tech University

In cooperation with the Texas Education Agency

Cover Design by
Mack Ramsey
Assistant Professor of Interior Design
Department of Home Economics
Stephen F. Austin State University

ACKNOWLEDGMENTS

This manual is a result of a research grant funded by the Research Coordinating Unit of the Department of Occupational Education and Technology, Division of Occupational Research and Development, Texas Education Agency. Oscar Millican, Program Director for Research, provided valuable direction for the project.

Elizabeth F. Smith, Director, Homemaking Education, Texas Education Agency, contributed encouragement and excellent support throughout the project.

The members of the Advisory Council set the pace and supported the program. A special note of thanks is due:

Elizabeth Smith
Director, Homemaking Education
Texas Education Agency

Phoebe Denney
Consultant, Texas Education Agency

Bettie Herring
Consultant
Vocational-Industrial Education
Fort Worth Independent School District

Billie Franke
Supervisor
Homemaking Education
Austin Independent School District

Mary Freeman
Home Economics Teacher
Jacksonville Independent School District

Linda Glosson
Director, Home Economics
Instructional Materials Center
Texas Tech University

Jerry Crossland
Vocational Administrator
Lewisville Independent School District

Sylvia Hinojosa
Vocational Administrator
Edgewood Independent School District
San Antonio

Nolan Alders
Vocational Administrator
Nacogdoches Independent School District

Eleanor Mikulin
Special Education Consultant
Texas Education Agency

Doris Like
Director, Special Education and
Related Services
Texas Education Agency

Due to varied backgrounds, their input and guidance were invaluable.

Research assistants Carol Voigtel and Janie Kenner, of Stephen F. Austin State University, and Donna McCulley, of Texas Tech University, worked on the project with enthusiasm and dedication.

Sincere appreciation is expressed to the representatives of the State Commissions for the warm reception extended to project directors. Their generosity in sharing materials and information on available services was extremely helpful and encouraging. Special gratitude is extended to:

Franklin Johnson
Sue Carter
Elaine Moses
Jean Lednicky
Commission for the Blind

Karen Pike
Travis Association for the Blind

John Wiley
Rehabilitation Commission

John Ryan
Commission for the Deaf

Dan Jones
Mental Health and Mental
Retardation

Chip Morris
Health Resources Department

Gratitude is expressed to the vocational homemaking teachers throughout the State who contributed data for the study. Hopefully, utilization of this manual will assist them in coping with and educating handicapped students.

Gloria E. Durr
Camille G. Bell

June, 1980

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PART I

DEVELOPMENT OF THE MANUAL

This manual is dedicated to the vocational homemaking teachers in Texas who provide instruction for handicapped students in regular classes. "Mainstreaming," a direct result of PL-142, has presented many problems in vocational home economics programs. Because home economics skills are basic to preparation for living and for work, vocational home economics is often among the first subject areas considered appropriate for the handicapped student. If the handicapped student who is "mainstreamed" is to be served effectively, several unique needs must be addressed.

In addition to the manual, the innovative teacher will utilize local, regional, and other available resources in devising instructional strategies and developing an understanding of the handicapped student. Selected resources are a part of the manual.

The handicapping conditions treated in this manual are limited to those considered to be most common in mainstreaming at the secondary level. Characteristics of the handicapping conditions are those most commonly associated with this type learner. References included will supplement the information found in the manual.

Mainstreaming Strategies in Home Economics is designed for flexible use by the homemaking teacher who serves the handicapped student. Major topics in this section include general background information on mainstreaming and manual format.

GENERAL BACKGROUND INFORMATION ON MAINSTREAMING

Mainstreaming is a term which has come into use in recent years to refer to the practice of providing programs for identified students with special needs. These students are placed within the regular classroom with the provision of special education support services. The term is envisioned as a means of equipping handicapped students with eventual entry into the "mainstream" of society and was mandated by the Federal Government in 1975 as part of Public Law 94-142, "The Education for All Handicapped Children Act."

Purpose of Mainstreaming

Mainstreaming is the conscientious effort to place handicapped students in the least restrictive educational setting which is appropriate to their needs. The primary objective of this process is to provide students with appropriate and effective educational experiences which will enable them to become self-reliant adults. Within this objective, leading educators have advocated the education of handicapped students the least distance away from the mainstream of society. Hence, there is heavy emphasis on movement into the regular classroom whenever possible.

Mainstreaming in Vocational Homemaking Education

Because home economics skills are basic to preparation for living, and because home economics programs are traditionally student-centered, vocational home economics is often among the first subject areas considered appropriate for the handicapped student. Thus, several unique needs have emerged in vocational home economics programs which necessitate assistance if the handicapped student who is "mainstreamed" is to be served effectively.

Meeting the Needs of Teachers

The basic intent of mainstreaming is to be sensitive to the special needs of the handicapped student. Thus, if mainstreaming is to be effective, programs must be sensitive to the needs of teachers as well as students. For example, no one is served if the teacher has neither professional preparation nor assistance to meet the unique needs of the student. It is readily evident, then, that if mainstreaming is to be effective, teachers must be provided with assistance in the form of materials, services, guidelines, and moral support, to name only a few.

Inservice training can increase the vocational teacher's skill in working with handicapped students. In addition, special education and support personnel can aid in meeting the challenges and problems which may arise. Positive support and commitment on the part of administrators, teachers, school staff, students, and parents is essential in providing the accepting environment necessary for successful implementation of a mainstreaming program. Mainstreaming will necessitate new understanding of the needs and capabilities of handicapped individuals and a wider range of skills for their teachers.

MANUAL FORMAT

This manual is composed of nine basic parts. Part I describes the development of the manual and the next six parts relate to specific handicaps.

An extensive bibliography is provided in Part VIII of the manual. Information found in the publications cited varies from general to specific relative to handicaps. The publications were valuable sources in the preparation of the manual.

The appendix section of the manual includes the survey instruments for data collection and a self evaluation instrument for the teacher on mainstreaming. Each teacher is encouraged to evaluate teaching practices at regular intervals.

This manual is designed for flexibility. For best results, the teacher should review the entire manual for a general orientation to serving the student with special needs. In-depth study of the material(s) relating to the specific handicapping condition is recommended.

Many of the suggestions within the manual may be shared with teachers of other vocational programs and disciplines to further assist the handicapped student. Mainstreaming Strategies in Home Economics should be viewed as an initial step to further improve and enrich the educational experience provided in the classroom.

PART II

MENTALLY AND EMOTIONALLY HANDICAPPED AND LEARNING DISABILITIES

The range of handicapping conditions for mentally and emotionally handicapped and learning disabilities is varied and broad. For this reason, the definition and characteristics are given for each individual handicapping condition.

It is important to remember that probably no person in any of the categories will exhibit all of the characteristics associated with the handicap. Frequently the student with a mild form of any of the handicapping conditions is undistinguishable from other students. In any instance, this student presents a real challenge in the educational process.

DESCRIPTION OF THE HANDICAP

Mentally and emotionally handicapped and learning disabled students present unique problems to peers and adults who associate with them on a daily basis. To classify problems presented by these students in one category would be a mistake.

In general, some basic assumptions can be made relative to how these students function in the educational setting. These assumptions are provided as follows:

-Each student has unique potential and problems and must be assessed on an individual basis.

-Unfavorable or unacceptable behavior may present clues or indications of hidden problems.

-Stereotyping the individual with the handicapping condition precludes failure in coping with the student.

For the purposes in this manual, generally accepted definitions of the handi-

capping conditions are provided. Mentally handicapped, emotionally handicapped and learning disabilities are terms with many connotations and relate to individual development, relations with others and classroom behavior.

Mentally Handicapped Students

Mentally handicapped refers to below average functioning in the areas of intellectual, physical and emotional development. In general, an individual must meet selected criteria to be classified in this category. These include:

-intellectual development is below average

-condition existed during the developmental state of the individual

-individual is less able to take care of self than average person.

The three above criteria must be met before an individual can be identified as mentally retarded. Extreme caution should be exercised in so labeling an individual without careful research, study, and professional analysis.

Characteristics of mentally handicapped students are listed below. The student:

-may be of average physical size, but be uncoordinated and awkward

-may have multiple handicaps

-may perform poorly on intelligence tests, but may be "street-wise"

-may function poorly in school and present behavior problems

-may have short attention span, lack of concentration, learn at a slower rate, and have a lower capacity for learning

-may be easily frustrated due to repeated failures

-may have a lower resistance to disease and infection

-may possess handicapping conditions varying from mild to severe or profound

-can handle concrete learning more effectively than abstract

-can learn to do skilled and unskilled work

-can be employable.

Emotionally Handicapped Students

Emotionally handicapped generally can be defined in view of the effect of the behavior of the individual on self and others. The behavior of the individual may be unacceptable for the age level and may interfere with the growth and development of the individual and the well being of associates.

One who seems withdrawn from the environment is prohibiting individual growth and development. One who is in constant conflict with associates is disrupting the lives of others. Inability to demonstrate acceptable behavior is the common problem for the emotionally handicapped student. As an educator, one must not overlook the trauma and inner suffering of the student and the problems that contribute to this condition.

Characteristics of emotionally handicapped students are listed below. The student:

-may not handle stress well

-may demonstrate explosive behavior

-may have a negative self image and exhibit hostility

-may have a short attention span and be difficult to motivate

-may use demonstrative behavior (kick chairs, slam doors, use obscene language) or be extremely quiet and withdrawn

-may be easily frustrated due to many years of failure

-may need positive reinforcement

-may function more effectively in a structured but flexible environment.

Learning Disabled Students

Learning disabled students generally are not achieving at the level of their

potential. They may appear quite normal in most respects, but have definite disabilities in one or more areas of development. These areas may involve comprehension or use of language. Thus, the student may exhibit difficulities in spelling, writing and in numerical calculations.

Characteristics of learning disabled students are listed below. The student:

-may be behind in grade classification and reading ability

-may appear to be highly active, impulsive, restless

-may be uninhibited in speech and disorganized in thoughts and actions

-may exhibit frequent and sudden changes from explosive to docile behavior

-may display distracting or disruptive behavior to gain attention

-may have short attention span and be difficult to motivate.

MENTALLY AND EMOTIONALLY HANDICAPPED

AND LEARNING DISABILITIES

IDENTIFIED PROBLEMS AND INSTRUCTIONAL STRATEGIES

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
MENTALLY HANDICAPPED	
A. Definition The student is significantly sub-average in general intellectual functioning. Defective adaptive behavior may be exhibited.	A. Ask for help in determining the degree of mental retardation.
B. Characteristics These students may be impulsive, immature in speech and actions, easily distracted and inflexible.	B. Be as positive as possible; reinforce mature and disciplined behavior. Establish a class routine and follow it each day. Eliminate disruptive influences.
C. Behaviors The most common inhibiting learning behaviors are: (1) Limited reading and writing ability	C. (1) - Limit use of written materials. - Utilize visuals and audio-visual information. - Simplify vocabulary.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued)	
(1) Limited reading and writing ability	- Select materials with appropriate reading level. - Sequence learning activities. - Provide for practice and repeat.
(2) Short attention span	(2) - Provide short periods of work. - Supply a variety of experiences to include some active and concentrated work. - Utilize motivational techniques. - Provide materials that are relevant to the student. - Encourage participation. - Attempt task progressing from simple to complex.
(3) Difficulty in grasping abstract ideas	(3) - Work from concrete to abstract concepts. - Build instruction on previous student experience when possible. - Utilize "hands-on" experience as much as possible. - Practice "overlearning" or continue to practice beyond the initial mastery of a task.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued)	
(3) Difficulty in grasping abstract ideas	- Emphasize accuracy instead of speed. - Utilize community resources to increase relevance of teachings. - Ask clearly stated questions frequently. - Demonstrate what the student is to do in addition to verbal instructions. - Be organized in presenting information. Information should be clear and in logical order. - Point out relationships to assure a transfer of learning. - Practice tasks in situations in which they will normally be used.
(4) Low self-concept and fear of failure	(4) - Plan instruction that allows students to experience frequent success. - Utilize small, progressive steps that indicate accomplishment. - Concentrate on strengths of student. - Reinforce desirable behavior of student. - Give praise for accomplishments no matter how small. - Expect students to do well. - Attempt to involve all students as much as possible.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued)	
(4) Low self-concept and fear of failure	- Emphasize student participation in class, school, community, and youth organizations and activities. - Stress importance of grooming and social skills. - Be consistent and fair with students. - Supply role models. - Provide opportunity to practice and repeat in a variety of ways.
(5) Display occasional unacceptable behavior	(5) - Record behaviors and analyze periodically. - Utilize techniques recommended by counselors and resource persons in dealing with anti-social behavior. - Seek consultation and advice from other teachers for assistance in dealing with a specific behavior. - Teach socially acceptable behavior. - Investigate for physical causes of unacceptable behavior. - Utilize role plays and socio-metric techniques to portray socially acceptable behavior. - Provide acceptable energy outlets.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued) (5) Display occasional unacceptable behavior	(5) - Be prepared for some ups and downs in behavior.
EMOTIONALLY HANDICAPPED	
A. Definition Student behavior is unacceptable for the age level and may interfere with personal growth, development, and well being of associates.	A. Seek assistance from resource persons including VEH Personnel.
B. Characteristics These students may tend to withdraw from the environment or be in constant conflict with the lives of others.	B. Use positive reinforcement. The student may function more effectively in a structured but flexible environment.
C. Behaviors The most common inhibiting learning behaviors are: (1) Difficulty handling stress	C. (1) - Use moderate pace in the classroom. - Allow adequate time for completion of tasks. - Use simple verbal direction to reinforce written materials. - Eliminate obvious problems.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued)	
(2) May demonstrate explosive or inhibitive behavior	(2) - Provide realistic goals. - Set realistic expectations for behavior. - Reward acceptable behavior. - Use grading system to reflect accomplishments; use conduct grade to reflect behavior. - Provide privacy for student who loses composure. - Be firm and persistent in demanding acceptable behavior.
(3) May have short attention span and be difficult to motivate	(3) - Use student input in planning learning experiences. - Simplify procedures and use more visuals and demonstrations. - Vary learning experiences frequently. - Provide opportunity for group interaction. - Reward accomplishments. - Provide for step-by-step accomplishments. - Use performance as well as other techniques in establishing grade.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued)	
LEARNING DISABILITIES	
A. Definition These students are not achieving at the level of potential and have definite disabilities in one or more areas.	A. Ask for help in determining the degree of learning disability.
B. Characteristics These students have problems with comprehension and use of language, may appear to be highly active, impulsive and restless, are frequently behind in grade classification and are difficult to motivate.	B. - Recognize the student as an individual. - Demonstrate a positive but accepting attitude toward the student. - Provide a structured, but flexible learning environment.
C. Behavior The most common inhibiting learning behaviors are:	C.
(1) Lack of ability to listen, difficulty in reading, writing, spelling and mathematics	(1) - Simplify assignments into step-by-step procedures. - Repeat instructions in a variety of ways even though students appear to understand. - Make frequent use of visual aids, individualized instruction and demonstrations.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued)	
(1) Lack of ability to listen, difficulty in reading, writing, spelling, and mathematics	- Recognize reading level and use class discussion rather than oral reading. - Utilize multisensory learning experience. - Use oral testing for favorable response from student. - Make use of handouts and outlines rather than student notes. - Put away distractive materials not pertinent to assignment to maintain student attention.
(2) Low self-esteem	(2) - Establish good one-to-one relationship with student. - Praise positive accomplishments. - Use group assignments and activities. - Exhibit patience and acceptance of the student. - Simplify assignments in relation to the capability of the student for a realistic accomplishment. - Develop personal plans for improvement. - Encourage participation in youth organizations.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued) (3) May exhibit frequent and sudden changes from explosive to docile behavior	(3) - Reinforce positive behavior. - Be firm and persistent in expecting acceptable behavior. - Be patient and speak in moderate voice. - Provide privacy until student is under control. - Be objective toward unacceptable behavior.

SERVICES PROVIDED BY THE TEXAS DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

Department of Mental Health and Mental Retardation
P.O. Box 12668
Capitol Station
Austin, Texas 78711

The major purpose of the Texas Department of Mental Health and Mental Retardation is twofold. The first is to provide a wide range of services, including education and training to aid mentally retarded citizens in achieving their maximum potential. The second is to promote mental health.

The goals of the Texas Mental Health and Mental Retardation program are as follows:

-To identify individuals with problems that may be handicapping.

-To counsel individuals about family planning.

-To help families accept problems.

-To refer individuals to appropriate treatment resources.

-To inform the public about availability of services.

Functions

There are fourteen department-operated state schools which provide community living programs and residential care for mentally retarded persons needing maintenance care. In addition, the Mental Health and Mental Retardation department cooperates with and supports twenty-eight community centers at the local and regional levels throughout the State. Each center is governed by a local board of trustees and offers a variety of services to persons having mental health disorders. Human development centers serve the mentally retarded in the community with such services as diagnosis and evaluation, parent counseling, day care, pre-school and prevocational training, sheltered employment and respite care. In addition, the centers provide a wide variety of programs for the mentally retarded.

The following is a sample of the variety of services provided by community

and/or regional Mental Health and Mental Retardation centers:

-The Mental Health Outpatient Service provides counseling to persons having emotional problems.

-The Children's Services is a specialized mental health service provided through the Children Services Division. Counseling, consultation, play therapy, and psychological evaluations are provided to children and their families.

-The Program for the Elderly provides mental health services for this audience.

-Drug Abuse Services are provided to those afflicted by drug problems. Therapeutic counseling, emergency crisis intervention, and other supportive services are components of the program.

Eligibility

An individual to be eligible for Mental Health and Mental Retardation services may undergo evaluation and diagnosis at a regional clinic or undergo diagnostic evaluation at the local level. Genetics Screening and Counseling Services are available at regional clinics located in Corpus Christi, Denison, Denton, Fort Worth, Longview, Lufkin, Tyler, Waco and Wichita Falls. For further information about genetics screening and counseling, contact:

Director, Genetics Screening
and Counseling Service
Stone-Bates Building
404 West Oak Street
Second Floor
Denton, Texas 76201

SELECTED RESOURCES
FOR THE MENTALLY AND EMOTIONALLY HANDICAPPED AND LEARNING DISABILIITES

American Association on Mental Deficiency
5215 Connecticut Avenue, NW
Washington, DC 20015

Association for Children with Learning Disabilities
5225 Grace Street
Pittsburgh, PA 15236

Association for the Help of Retarded Children, Inc.
Lexington Avenue
New York, NY 10019

California Association for Neurologically Handicapped Children
P.O. Box 604 Main Office
Los Angeles, CA 90053

Division of Mental Retardation
Division of Council for Exceptional Children
1201 Sixteenth Street NW
Washington, DC 20036

Division of Mental Retardation
Rehabilitation Services Administration
4040 Fairfax Drive
Arlington, VA 22203

Help for Retarded Children
3705 Benning Road, NE
Washington, DC 20036

Joseph P. Kennedy, Jr. Foundation
719 Thirteenth Street, NW Suite 510
Washington, DC 20005

National Association for Retarded Citizens
2709 Avenue E. East
Arlington, TX 76011

National Association for Brain Injured Children
1617 E. Seventh Street
Brooklyn, NY 11200

National Institute of Neurological Diseases and Blindness
National Institute of Health
Bethesda, MD 20014

Office of Human Development Services
200 Independence Avenue SW
Washington, DC 20201

President's Committee on Mental Retardation
Seventh and D Street
Washington, DC 20201

PART III

DEAF, HEARING, AND SPEECH IMPAIRED

Today more and more hearing and speech impaired students are being mainstreamed into the regular classroom. These handicapping conditions are frequently overlooked by the teacher because they are not readily visible. The teacher needs to be familiar with the capabilities and limitations of the students to help them reach their maximum capabilities. Students who have hearing impairments frequently will have speech problems as well.

DESCRIPTION OF THE HANDICAP

Hearing loss is sometimes referred to as the "hidden handicap" since it is not always obvious as most other disabilities. A hearing loss of even a mild degree interferes with learning and communication to a great extent. This loss may not show itself easily and the symptoms could be misinterpreted as behavior problems.

Deaf and Hard of Hearing

Students with a permanent or varying hearing problem may be included and considered hard-of-hearing. Students whose hearing is impaired to the degree that they have problems understanding auditory information with or without a hearing aid or device are considered deaf.

The difference between the two groups is an important one in terms of how the student learns. Often people assume that any hearing loss means deafness; however, a person with a moderate hearing loss needs to be encouraged to use residual hearing.

Unable to benefit from voice communication, deaf persons rely upon their eyes for signals which represent ideas. The greater the hearing loss, the more the individual depends on visual clues. Students with hearing losses might rely on an alternate communication system. Various systems of communication or combinations of systems may be used by the deaf and hard of hearing.

There are three major methods of communication used by the deaf and hearing

impaired. The methods are described below:

-Speech reading is the most commonly recognized method of communication and requires training and concentration. The lip reader learns to interpret lips, facial movements, and visual clues given by the speaker. A practiced deaf listener generally can understand only 30-40 percent of spoken sounds by watching the lips of a speaker.

-In manual communications, language is communicated by a combination of hands, arm and body movements and positions. Sign language, as this is commonly called, has many forms. Where no sign exists for a thought, the word can be spelled using the manual alphabet.

-Deaf and hearing impaired persons may communicate with written language. A pad and pen are necessary tools in this instance.

Speech Impaired

Speech problems may be caused by articulation, stuttering, impaired hearing, cleft palate, cerebral palsy and voice problems. Speech disorders can occur in isolation, i.e. stuttering, or with multiple handicaps such as deafness, mental retardation, or cerebral palsy. Speech is generally considered to be impaired when it deviates so far from the speech of others that it calls attention to itself, interfers with communication, or causes the individual to be self-conscious and maladjusted.

People who cannot hear speech have varying degrees of speech impairments, but they can learn to talk. Speech and language skills are difficult for deaf people to develop, but with early treatment and special training even those with severe hearing impairments can learn sufficient language skills to communicate.

Speech and oral communication is the principal tool by which individuals relate to others in the world around them. For this reason, having a speech handicap can be a social handicap. Because of unfavorable response to speech impairments, a student may be inhibited or withdrawn into a world of silence. Social development and self-image often suffer because the speech impaired student may experience failure and frustration in attempts to communicate.

DEAF, HEARING, AND SPEECH IMPAIRED

IDENTIFIED PROBLEMS AND INSTRUCTIONAL STRATEGIES

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
DEAF AND HEARING IMPAIRED	
A. Definition A deaf person hears no sounds either with or without mechanical devices. A hard of hearing individual has difficulty distinguishing sounds, but can understand speech with the aid of mechanical devices.	A. Providing ways for the hearing impaired to receive messages is the key element in communication for the deaf or hard-of-hearing.
B. Characteristics (1) Students with hearing impairments may exhibit difficulty in speaking and frustration when directions are unclear.	B. (1) - Be impartial but patient with the student. - Be aware that some hearing impaired individuals cannot hear background noises and thus speak too loudly; others hear their own voices much better and speak too softly. - Be sensitive to student needs and feelings.
(2) These students frequently need the assistance of hearing devices.	(2) - Recognize that hearing aids have a limited range of pickup, so the student needs to be close to the speaker.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued) (2) These students frequently need the assistance of hearing devices.	- Recognize that all sound is amplified so background noises need to be controlled or eliminated. - Become familiar with the "workings" of the hearing device so as to give assistance. - Express non-auditory and verbal cues.
C. Behaviors The most common inhibiting learning behaviors are:	C.
(1) Dependence on sense of sight and lipreading techniques	(1) - Develop experiences that require student to use a variety of senses. - Utilize materials that appeal to a variety of senses. - Recognize that it is difficult to lipread complex, new words thus making it important to provide outlines and vocabulary lists. - Seat the student so that the lips of all group members are visible during group activities. - Arrange for the student to have a brief outline to follow a lecture, movie, or filmstrip.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued)	
(1) Dependence on sense of sight and lipreading techniques	- Write out any changes in class meeting times, special assignments, or last minute notices. - Become familiar with the language of signing. If an interpreter is present, pause frequently to allow the interpreter to translate.
(2) Difficulty in following verbal instructions and assignments	(2) - Face the student, articulate clearly, and stand still when speaking. - Rephrase and use body language to help convey the meaning of the message if a student does not understand. - Obtain the student's attention prior to the explanation of a task by tapping the student lightly on the shoulder or using other signals. - Utilize visuals. - Provide good lighting in the classroom. - Repeat any instructions or information given while back is turned to student. (example: writing on the chalkboard)

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued)	
SPEECH IMPAIRED	
A. Definition Speech is impaired when it deviates so far from the normal that it calls attention to itself, interferes with communication, or causes the individual to be self-conscious and maladjusted.	A. Work closely with speech therapist and additional resource people.
B. Characteristics These students may be unable to control the volume or sound produced, exhibit shyness about speaking, have problems adapting socially, and exhibit inability to respond quickly and clearly in speech.	B. - Show positive attitude toward handicapping condition. - Provide undivided listening time.
C. Behaviors The most common inhibiting learning behaviors are: (1) May be easily frustrated	C. (1) - Be patient allowing student to speak at own pace. - Plan frequent activities that require little voice response. - Speak in a normal voice tone and level. - Minimize oral recitation.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued)	
(2) May have low self-esteem	(2) - Encourage social development by use of selective group activities. - Plan for experiences that provide for successful accomplishments. - Praise positive experiences. - Develop a good one-to-one relationship. - Eliminate possible embarrassing situations. - Encourage other students to express positive attitudes about speech problems.

SERVICES PROVIDED BY
THE TEXAS COMMISSION FOR THE DEAF

Texas State Commission For The Deaf
P.O. Box 12904
Capitol Station
Austin, Texas 78711

The Commission is responsible for rendering all services to the deaf except those which are legally delegated to other agencies. It serves as a clearinghouse for information pertinent to deafness and persons who are deaf. The Commission provides the following services through the state office and nineteen community-based councils:

Information and Referral

Interpreter Service

Services to the Elderly Deaf

Information and referrals may be provided clients through the Commission to one or more of the following agencies.

Governor's Conference on Handicapped Individuals

This service provides information and referral for all handicapped persons throughout the state through a telephone hotline counseling program.

Governor's Conference on Handicapped Individuals
3400 Hulen Street
Fort Worth, Texas 76016
Telephone: 817/737-6661

Regional Day School Program for the Deaf

This program provides educational services to eligible, hearing-impaired students, ages 0 through 22, who cannot otherwise receive appropriate educational services. Personnel of the five regional offices work directly with school districts and provide consultative services, technical assistance, and conduct inservice training workshops for teachers in the local districts. Services to hearing

impaired students of regional day school programs for the deaf include early identification, special education instruction, related services, continuing education and counseling.

Statewide Project for the Deaf

This project was undertaken to develop a common curriculum for all educational programs for the deaf in Texas. The Statewide Project for the Deaf provides inservice training of teachers in the use of curriculum and communication skills.

Texas Department of Health

The Speech, Hearing and Vision Services Program of this agency provides services to hearing impaired children ages 0 through 21 who meet eligibility criteria. Services are provided through speech and hearing centers and the service of otolaryngologist.

Texas Department of Health
1100 West 49th Street
Austin, Texas 78756

Texas Department of Mental Health and Mental Retardation

This agency is responsible for the Austin State Hospital, the only state-supported mental health facility which provides specialized services to deaf clients. The center for the Deaf at the Austin State Hospital provides services of evaluation, treatment, education and therapy.

Texas Department of Mental Health and Mental Retardation
P.O. Box 12668
Capitol Station
Austin, Texas 78711

Texas Rehabilitation Commission

This commission is the principal state agency for matters relating to the rehabilitation of handicapped and disabled individuals and provides services that will enable them to enter or return to gainful employment. Rehabilitation services for the hearing impaired include evaluation, counseling and guidance, interpreter service, medical treatment, assistive devices, and training for individuals that meet eligibility criteria.

Texas Rehabilitation Commission
118 East Riverside Drive
Austin, Texas 78704
Telephone: 512/447-0100

Texas School for the Deaf

The Texas School for the Deaf provides two basic services to deaf students. These services consist of a basic instructional program, as well as an opportunity to develop socially.

Texas School for the Deaf
1102 South Congress
Austin, TX 78704
Telephone: 512/442-7821

SELECTED RESOURCES
FOR DEAF/HEARING IMPAIRED

American Association for the Education of the Severely/Profoundly Handicapped
1600 W. Armory Way
Seattle, WA 98119

American Cleft Palate Educational Foundation, Inc.
University of Pittsburgh
331 Salk Hall
Pittsburgh, PA 15261

American Coalition of Citizens With Disabilities, Inc.
1346 Connecticut Avenue, NW,
St. 817
Washington, DC 20036

Alexander Graham Bell Association
3417 Volta Pl, NW
Washington, DC 20007

American Speech and Hearing Association
9030 Old Georgetown Road
Bethesda, MD 20014

Bureau of Education for the Handicapped, United States Office of Education, Department of Health, Education, and Welfare
400 Maryland Avenue, SW
Washington, DC 20202

Conference of Executives of America Schools for the Deaf
5034 Wisconsin Avenue, NW
Washington, DC 20016

Convention of American Instructors of the Deaf
5034 Wisconsin Avenue, NW
Washington, DC 20016

Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

Division of Media Services
U. S. Office of Education
Bureau of Education for the Handicapped
400 Maryland Avenue, SW
Washington, DC 20202

International Association of Parents of the Deaf
814 Thayer Avenue
Silver Springs, MD 20910

National Association of the Deaf
814 Thayer Avenue
Silver Springs, MD 20910

SELECTED RESOURCES FOR DEAF/HEARING IMPAIRED - Continued

National Association of State
Directors of Special Education, Inc.
1201 Sixteenth, NW, Suite 610-E
Washington, DC 20036

The National Center
Educational Media and Materials
for the Handicapped (HCEMMH)
Ohio State University
220 W. Twelfth Avenue
Columbus, OH 43210

National Center for Law and the Deaf
Florida Avenue, Seventh Street, NE
Washington, DC 20002

Office of Human Development Services
Rehabilitation Services Administration
Personnel
Department of Health, Education, and
Welfare
Washington, DC 20201

Registry of Interpreters for
the Deaf (RID)
P. O. Box 1339
Washington, DC 20013

PART IV

BLIND AND VISUALLY IMPAIRED

Blind and visually handicapped students present unique problems in the classroom. Students who have this problem can be assisted in becoming totally independent members of society. In mainstreaming, the vocational homemaking teacher generally has had limited or no professional preparation for assisting this type of student.

DESCRIPTION OF THE HANDICAP

The visually impaired student has some degree of visual loss ranging from slight impairment to complete loss of sight. Each individual's impairment is unique due to varying ages of onset of visual loss, degree of loss, and cause of impairment.

While a minority of blind students see nothing at all, most have some useable vision. Problems with the remaining vision may include some degree of any one or a combination of the following: cloudy, blurred or double vision, spots, loss of side vision, or loss of central vision.

Definition

A person is designated legally blind when, with the best correction, one can see less at 20 feet than a person with normal vision can see at 200 feet; or when the field of vision is limited to a narrow angle of less than 20 degrees. Although not declared legally blind, a person is considered visually handicapped if the visual field is no better at 20 feet than those with normal vision see at 70 feet. In addition, the visually handicapped cannot read standard printed material without special aids or devices. The best way to find out how much the student can see is to ask the student.

Characteristics

The needs of a visually handicapped student will vary according to the age at onset of impairment. The student who was blind at birth or at an early age will need special help in developing concepts of form and space. The student who has been blind for a short time will need special help in adapting to conditions and surroundings.

Visually handicapped students have differing capabilities from normal students. Reading skills will be determined by the degree of impairment. Braille or large print may be required by a majority of students, while others may function well with optical aids used with regular or large print. Auditory aids such as tape recorders, records, electronic devices, and readers are valuable tools for learning. When demonstrations are being given, the explanations should be clear, detailed and precise to enable the visually handicapped student to form a better concept of the activity.

The social skills of a visually impaired student will be affected by the ability to get around in the environment. Social independence, ease in social situations, and relationships with classmates all depend on the individual's control over self and environment. To avoid looking different from classmates because of the lack of visual models, the student may need assistance in personal grooming and clothing selection.

The visually impaired student needs to be accepted and included by others as a human being and not as a special case. Emotional problems are often the result of the negative attitudes of others and are not an inherent consequence of the handicap.

BLIND AND VISUALLY IMPAIRED

IDENTIFIED PROBLEMS AND INSTRUCTIONAL STRATEGIES

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
BLIND AND VISUALLY HANDICAPPED	
A. Definition A visually impaired student cannot read standard printed material without special aids or devices. One is designated legally blind when one can see less at twenty feet than a person with normal vision can see at two hundred feet, even with the best correction.	A. Make provisions to enable the blind to "see" or receive messages. This assistance is vital in aiding the handicapped to fulfill personal needs and to live a full life.
B. Characteristics These students may possess limited mobility and may sometimes fear running into objects. They follow oral instruction better than written instruction, but may still have difficulties.	B. Provide the student with opportunities for adequate exploration of physical surroundings. It is advisable not to change furniture arrangements.
C. The most common inhibiting learning behaviors are: (1) Difficulty in conceptualizing instructional materials and processes	C. (1) - Speak clearly and directly to the blind student in a normal tone of voice. Remember the blind are not also hearing impaired.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued) (1) Difficulty in conceptualizing instructional materials and processes	- Use words normally used like "look" and "see". - Describe activities going on in the classroom. When discussing a form or passing out materials, describe these to the visually impaired. - Be consistent and complete in explanations. - Describe procedures as demonstrations are given; be specific and avoid abstractions. - Use verbal clarification when using the chalkboard or overhead projector. Encourage sighted classmates to be helpful, but not to do the handicapped student's work. - Cultivate the use of descriptive, colorful, and creative oral language when speaking. - Seat students who have partial vision in positions where they can hear clearly and have adequate lighting. - Determine the sensory mode through which the student learns best.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued)	
(1) Difficulty in conceptualizing instructional materials and processes	- Encourage acceptance of the visually handicapped by other students.
(2) A dependence on one sense more than others	(2) - Utilize a variety of learning experiences. - Plan specific strategies incorporating sight, tactile, sound, and smell. - Identify the sense the student is most dependent upon. - Cultivate other senses.

SERVICES PROVIDED BY
THE TEXAS COMMISSION FOR THE BLIND

Texas State Commission For The Blind
P.O. Box 12866
Austin, Texas 78711

Even though there are multiple services offered by many organizations and agencies serving the blind and visually impaired, the first source to be contacted should be the Texas State Commission for the Blind. Services provided by this agency include services for children and adults, cooperative school programs, Texas School for the Blind, Mental Health and Mental Retardation Cooperative Services Program and Business Enterprises Programs.

Services Provided to Children

The Visually Handicapped Children's Program provides services to visually impaired children in two ways. First, through early detection and intervention, the objective is to prevent blindness and conserve eyesight. Second, when prevention or correction of a serious visual handicap is medically impossible, caseworkers are assigned to work with the child, family, local school, and various community organizations to assist the child in overcoming problems associated with visual loss.

Cooperative School Programs

Coordinated efforts have resulted in the establishment of Cooperative School Programs in Dallas, Beaumont, El Paso, and Houston. Agencies involved in the cooperative effort include the State Commission for the Blind, Educational Service Centers, non-profit organizations that provide services for the blind, local facilities of the Department of Mental Health and Mental Retardation, programs of medical education, and programs of civic organizations. Consideration is being given to increasing these programs.

Texas School for the Blind

The State School in Austin serves as a residential facility for visually handicapped youth. Many of the residents cannot obtain adequate educational services in the local school system.

Services Provided to Adults

The commission has a comprehensive program established for assisting adults. Vocational Rehabilitation Services are provided to include counseling services, medical services, vocational training, rehabilitation teacher services, placement services, and post-employment services.

Criss Cole Rehabilitation Center for the Blind

This facility located in Austin is a residential program providing comprehensive services to clients. Diagnostic and evaluative services, and vocational training are integral parts of the total program.

Mental Health/Mental Retardation Cooperative Services Program

This program serves multi-handicapped individuals who are subject to other disabilities in addition to visual problems. Staff members from the Diagnostic and Evaluation Unit at Criss Cole Rehabilitation Center travel over the state to perform evaluations. Community-based Mental Health and Mental Retardation programs are also available in many locations statewide.

Business Enterprises Program

Legally blind persons are prepared for independent living through the Business Enterprises Program. For example, a client may be equipped to operate a food service facility, assisted to get started in business, and provided with management services and ongoing education through regional meetings and annual workshops.

SELECTED RESOURCES
FOR THE BLIND AND VISUALLY IMPAIRED

American Foundation for the Blind
15 West, 16th Street
New York, NY 10011

American Printing House for the Blind
1839 Frankfort Avenue
Louisville, KY 40206

Chicago Lighthouse for the Blind
1850 West Roosevelt Road
Chicago, IL 60608

Dallas Taping for the Blind
3112 Fairmont
Dallas, TX 75201

Division for the Blind and Physically Handicapped
1291 Taylor Street, N.W.
Washington, DC 20542

Howe Press of Perkins School for the Blind
175 North Beacon Street
Watertown, MA 02172

Library of Congress
Division for the Blind and Physically Handicapped
1292 Taylor, N.W.
Washington, DC 20542

National Association for the Visually Handicapped, Inc.
3201 Balboa Street
San Francisco, CA 94121

National Braille Association
85 Godwin Avenue
Midland Park, NJ 07432

National Braille Press
88 Saint Stephens Street
Boston, MA 02115

Recording for the Blind, Inc.
125 East 58th Street
New York, NY 10022

Texas State Library
P.O. Box 12927
Capitol Station
Austin, TX 78711

PART V

PHYSICALLY HANDICAPPED

The physically handicapped student has some degree of health or physical impairment that limits the kinds of things one can do and the places one can go. For one reason or another, physically handicapped students generally have difficulty moving around. These students may be identified best by the use of crutches, wheelchairs, or by slow mobility.

DESCRIPTION OF THE HANDICAP

Physically disabled individuals differ greatly in physical and health status and in the capacity to engage in particular vocational programs. As individuals, these students have different motivations for affection and recognition, for security, and for self-realization. They also have different levels of intellectual ability. Finally, they have different levels of frustration tolerance and different ways of reacting to frustrating circumstances. A major consideration is to aid the student in becoming as independent as possible by supplying the academic or occupational skills needed to be a functioning member of society.

Definition

Physically handicapped students are those with a deformity of the body structure which may be caused by a disease, may have existed at birth, or may be the result of amputation. Students in this category may have handicaps resulting from the loss of limbs or portions of limbs which restrict mobility.

Crutches, wheelchairs, and other appliances that call attention to disabilities are unavoidable in the lives of many orthopedically handicapped students. They often encounter public reactions such as embarrassment, staring, or avoidance. Fortunately, this kind of reaction is diminishing as more handicapped persons take active roles in society.

Types of Physical Handicaps

The range of physical disabilities is great, for it includes orthopedic impairments, neurological impairments and other health impairments. Orthopedic

impairments include paraplegia, quadriplegia, and amputations. Neurological impairments include cerebral palsy and epilepsy. Other health impairments range from diabetes and nephrosis to osteomyelitis. All impairments vary in the degree of the handicap, the stability of the condition and the length of time the individual has had the condition. Because each student is different, the vocational teacher must be informed about a student's particular physical condition.

Characteristics

Handicapped persons are very conscious of being restricted in what they can do and where they can go. The frustrations that result may be expressed in inappropriate social behavior. The individual may become verbally aggressive, blame other people, repress desires, withdraw into fantasy, degrade the original goal, act less mature, or compensate for the disability by shifting to different interests.

There is not a distinct personality type associated with physical handicaps. The reactions of family, peers and the public, as well as the student's own perception of the handicap, are all closely related to student progress, attitude and success.

PHYSICALLY HANDICAPPED

IDENTIFIED PROBLEMS AND INSTRUCTIONAL STRATEGIES

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
PHYSICALLY HANDICAPPED	
A. Definition Students with a deformity of the body structure which may exist at birth, be caused by disease, or be a result of amputation or accident.	A. Recognize that each individual is unique with respect to adaptation to the handicapping condition. Thus, individualized solutions are necessary in coping and adjusting to the handicap.
B. Characteristics These students may have a lack of motor control, tire quickly, avoid participation in activities where the handicap is noticeable, and exhibit discomfort.	B. Recognize that physically handicapped individuals differ greatly in physical and health status. A major goal is to help the individual become an independent and fully-functioning member of society. Assistance from qualified personnel would be valuable.
C. The most common inhibiting learning behaviors are: (1) May require increased emotional support and acceptance	C. (1) - Develop a positive attitude toward the student. - Be prepared to maintain a positive reinforcement style when confronted with problems.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued) (1) May require increased emotional support and acceptance	- Encourage participation in class, school, community and youth organization activities. - Arrange for "buddy system" to provide assistance if necessary. - Develop an understanding of the individual's potential and limitations. - Develop an appropriate personal improvement plan. - Encourage independence. - Expect student to achieve personal unique potential.
(2) May require special attention with respect to absenteeism, use of equipment and supplies, seating arrangements, and off-campus excursions	(2) - Utilize presentation methods that allow the student to see and hear what is being demonstrated. - Arrange for the student to have access to personal assistance when needed. - Interview student to determine methods and procedures that work best. - Plan field trips or other off-campus excursions to determine if provisions are made for the physically handicapped (ramps, elevators, etc.).

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued)	
(2) May require special attention with respect to absenteeism, use of equipment and supplies, seating arrangements, and off-campus excursions	- Provide appropriate ways to make up work.
(3) May require more time to complete some tasks	(3) - Provide a flexible time schedule. - Analyze sequence of activities; eliminate all unnecessary steps. - Adapt tasks. - Assist student with time and energy management. - Allow for rest periods as necessary. - Assist student in establishing priorities.

SERVICES PROVIDED BY
THE TEXAS REHABILITATION COMMISSION

Texas Rehabilitation Commission
118 East Riverside Drive
Austin, Texas 78704

The Texas Rehabilitation Commission is a state agency which provides services to handicapped individuals that will help them to enter or return to gainful employment. The Texas Rehabilitation Commission is an agency that provides assistance to disabled Texans who want to work. It offers opportunities for dependents to become independent.

Eligibility

Two requirements determine eligibility for services of the Texas Rehabilitation Commission.

-The individual must be physically or mentally handicapped to such an extent that the disability results in a substantial handicap to employment.

-The individual may be expected to benefit in terms of employment from the vocational rehabilitation services.

Some of the disabilities qualifying an individual for services are mental illness, mental retardation and neurological disorders. Also included are amputations and orthopedic impairments, including congenital deformities, cerebral palsy and speech or hearing limitations. Health disorders such as heart ailments, epilepsy, diabetes, arthritis, tuberculosis, alcoholism, and drug addiction may qualify an individual for services.

Functions

The Texas Rehabilitation Commission is charged with responsibility to clients in the areas of evaluation, counseling, and guidance. Recommended medical treatment may be provided along with corrective devices for various disabilities. Interpreter services for the deaf are available as needed. Assistance is given in the following areas:

-job training and the provision of tools and supplies

-obtaining license or certification

-job placement and follow-up.

SELECTED RESOURCES
FOR THE PHYSICALLY HANDICAPPED

American Diabetes Association, Inc.
600 Fifth Avenue
New York, NY 10020

American Heart Association
7320 Greenville Avenue
Dallas, TX 75231

American Lung Association
1740 Broadway
New York, NY 10019

American Orthotic and Prosthetic Association
1440 N. Street, NW
Washington, DC 20005

American Physical Therapy Association
1156 15th Street
Washington, DC 20005

The Arthritis Foundation
3400 Peachtree Road, NE
Atlanta, GA 30026

Association for Children with Learning Disabilities
5225 Grace Street
Pittsburgh, PA 15236

Cystic Fibrosis Foundation
3379 Peachtree Road, NE
Atlanta, GA 30326

Epilepsy Foundation of America
1828 L Street, NW
Washington, DC 20036

Muscular Dystrophy Association
810 Seventh Avenue
New York, NY 10019

The National Easter Seal Society for Crippled Children and Adults
2023 W. Ogden Avenue
Chicago, IL 60612

National Epilepsy League
6th N. Michigan Avenue
Chicago, IL 60602

The National Foundation of March of Dimes
1275 Mamaroneck Avenue
White Plains, NY 10605

National Hemophilia Foundation
25 W. 39th Street
New York, NY 10018

National Multiple Sclerosis Society
205 E. 42nd Street
New York, NY 10017

National Paraplegia Foundation
333 N. Michigan Avenue
Chicago, IL 60601

SELECTED RESOURCES FOR THE PHYSICALLY HANDICAPPED - Continued

National Paraplegia Foundation
Research Division
4440 NW 19th Street L-113
Key Palm Villa
Lauderhill, FL 33313

Rehabilitation International, USA
17 E. 45th Street
New York, NY 10017

Spina Bifida Association of America
343 S. Dearborn Street, RM 319
Chicago, IL 60604

United Cerebral Palsy Association, Inc.
66 E. 34th Street
New York, NY 10016

PART VI

HEALTH IMPAIRED

Students possessing severe or chronic health problems such as epilepsy, cerebral palsy, amputation, hemophilia, spina bifida, cystic fibrosis, or diabetes are usually classified as "health impaired" students. A general characteristic of these students is that they have trouble keeping the body functioning normally.

All health impaired students do not have the same degree of handicap. Some students are mildly handicapped and the problems may not be readily apparent. Moderately handicapped students have conditions that may be very evident to the teacher. A limited amount of curriculum adjustments are needed to meet the needs of these students. In general, a student is more likely to have made satisfactory adjustment to the handicap if born with the specific health impairment. Students who are recently handicapped usually bring a more normally developed set of experiences and abilities to the vocational training situation.

DESCRIPTION OF THE HANDICAP

The major problem health impaired students face is a negative attitude from teachers and peers. Often, people assume they know the effects and limitations the handicap will have on the student before talking or working with the person. It is vitally important to withhold judgments until research has been done into the student's background. If the teacher is to be most effective in helping the student, selected sources need to be contacted for reliable information relative to the handicap.

Characteristics

Health impaired students generally exhibit the following characteristics:

-lack of energy

-lack of alertness

-frequent inability to progress at a normal rate

-frequent absenteeism

-consistent serious health problems.

Educational Objective

One of the major overall educational goals is to help the health impaired student to become more independent in daily living. Home Economics contributes to what is practical to the student now, and to what will be of practical and occupational use in the future.

In summary, health impaired students may or may not have easily recognized handicaps. Researching the student's potential and personal background is vital to understanding student capabilities. The total picture of the whole person is essential if the teacher is to be successful with a health impaired student.

HEALTH IMPAIRED

IDENTIFIED PROBLEMS AND INSTRUCTIONAL STRATEGIES

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
HEALTH IMPAIRED	
A. Definition Students exhibit limited strength, energy, or alertness due to chronic or severe health problems. This includes heart conditions, tuberculosis, rheumatic fever, diabetes, asthma, sickle cell anemia, hemophilia, and epilepsy.	A. Consult resource persons to acquire information on specific health problem(s) of the student.
B. Characteristics These students may lack energy and alertness, be unable to progress at normal rate, and be frequently absent.	B. Recognize that health impaired students have problems keeping the body functioning normally and a clear understanding of the health problem is necessary.
C. Behaviors The most common inhibiting learning behaviors are: (1) May lack stamina	C. (1) - Assist in the development of a personal health care plan. - Expect "ups and downs" in behavior.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued)	
(1) May lack stamina	- Investigate for physical causes of dependency on one sense while learning. - Keep records of behavior and analyze periodically. - Consult other teachers, resource persons for assistance. - Provide rest periods when possible.
(2) May have poor self-esteem and fear of failure	(2) - Accept the student. - Encourage classmates to accept the student. - Repeat learning in a variety of ways to insure mastery. - Design instruction that allows student to have success. - Be consistent and fair. - Encourage participation in class, school, community, and youth organizations. - Expect student to do well.
(3) May have difficulty with time and energy management	(3) - Allot sufficient time for completion of tasks. - Provide opportunities for make-up work.

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
(Continued) (3) May have difficulty with time and energy management	- Set expectations appropriate for student capability. - Assist student in setting priorities. - Alternate physical activity and quiet periods. - Plan simplified methods of achieving objectives. - Emphasize independent living skills.

SERVICES PROVIDED BY
THE TEXAS DEPARTMENT OF HEALTH

Texas Department of Health
1100 West 49th Street
Austin, Texas 78701

The Texas Department of Health has developed a network of ten Texas Public Health Regions. Each region is staffed with public health physicians, nurses, health educators, sanitarians and administrative technicians to serve the public health needs of citizens. One service provided is the Bureau of Personal Health Services which includes the Maternal and Child Health Division and Chronic Disease Division. Family Health Services provided by the Maternal and Child Health Division are child health clinics, screening and dietary treatment for phenylketonuria (PKU) to prevent mental retardation, and diagnostic and evaluation centers for handicapped children.

Crippled Children's Service Division

The Crippled Children's Service Division provides multiple services. If a child's parents cannot afford to provide adequate medical care, this division makes provisions for the necessary hospital care and specialized medical services. Limited assistance is also available for the treatment of hemophilia.

Chronic Disease Division

Within the Chronic Disease Division is the Cancer and Heart Disease Program which functions as a service, consultative and educational agency. The division conducts the Rheumatic Heart Disease Prevention Project. In addition, the Chronic Disease Division sponsors the Kidney Health Care Program. Its primary function is to assist Texas Citizens who have end-stage renal disease and require life-sustaining dialysis treatments or kidney transplants. The Chronic Disease Screening Program includes services for diabetes detection.

Texas Public Health Regions

The ten Texas Public Health Regions are identified below. Telephone listings include Tex-An numbers. For maximum efficiency, contacts should be made to the nearest regional office.

Abilene, Texas 79602
(915) 673-5231
TX-AN 840-1292

Arlington, Texas 76011
(817) 460-3032
TX-AN 833-9011

Canyon, Texas 79016
(806) 655-7151
TX-AN 844-2801

El Paso, Texas 79997
(915) 779-3531
TX-AN 846-8127

Harlingen, Texas 78550
(512) 423-0130
TX-AN 827-3430

Lubbock, Texas 79413
(806) 797-4331
TX-AN 862-9733

Richmond, Texas 77469
(713) 343-8685
TX-AN 850-1376

Temple, Texas 76501
(817) 778-6744
TX-AN 820-1431

Tyler, Texas 76501
(214) 595-3585
TX-AN 836-2630

Uvalde, Texas 78801
(512) 278-7173

SELECTED RESOURCES
FOR THE HEALTH IMPAIRED

American Diabetes Association
600 Fifth Avenue
New York, NY 10020

American Lung Association
1740 Broadway
New York, NY 10019

Arthritis Factory
4070 Southwest Blvd.
Tulsa, OK 74135

Arthritis Foundation
1212 Avenue of the Americas
New York, NY 10036

Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

Epilepsy Foundation of America
1828 L Street, NW
Washington, DC 20036

Federation of the Handicapped
211 West Fourteenth Street
New York, NY 10011

Muscular Dystrophy Association
of America
1790 Broadway
New York, NY 10019

National Multiple Sclerosis Society
257 Park Avenue South
New York, NY 10010

National Tuberculosis and Respiratory
Disease Association
1740 Broadway
New York, NY 10019

United Cerebral Palsy
Association, Inc.
66 East Thirty-Fourth Street
New York, NY 10016

PART VII

MULTIPLE HANDICAPS

A secondary handicapping condition is no more insurmountable than having the first problem. The suggestions presented under the individual handicaps still apply. The mainstreaming teacher should become familiar with each individual condition.

DESCRIPTION OF THE HANDICAP

A multiple handicapping condition is a combination of two or more handicaps. A deaf child can be blind or a cerebral-palsied child can have many deviations. A few examples are partially seeing, hard of hearing, mentally retarded, and defective in speech. A working knowledge of each handicapping condition is essential if the student is to be helped to reach the maximum potential.

Human beings have a remarkable capacity to develop into mature and independent individuals and multiple-handicapped students are no different. Though the problem may be more severe and the adjustment more difficult, a relatively normal life still remains the goal - a goal which can be achieved with the teacher's understanding, support, and persistence. The classroom teacher needs to show acceptance, to communicate with the student in the best way possible, and to observe and study to understand the extent of abilities and limitations.

MULTIPLE HANDICAPPED

IDENTIFIED PROBLEMS AND INSTRUCTIONAL STRATEGIES

HANDICAP DESCRIPTION AND INHIBITING LEARNING BEHAVIORS	TEACHING STRATEGIES
MULTIPLE HANDICAPPED	
A. Definition A multiple handicapping condition is a combination of two or more handicaps.	A. Consult resource persons concerning the effect of multiple handicapping conditions on a student.
B. Characteristics Students having multiple handicaps will exhibit the characteristics of the specific handicapping conditions. However, the combination may increase the need for emotional and physical adjustment.	B. Refer to characteristics of the individual handicap described in previous sections of the manual. Assistance may be needed in the establishment of educational priorities.
C. Behaviors Inhibiting learning behaviors will be determined by the specific handicaps.	C. Refer to teaching strategies pertinent to the specific handicap(s) presented in previous sections of the manual. Recognize the individuality of students who have the same handicapping condition(s).

SERVICES PROVIDED BY
THE TEXAS DEPARTMENT OF HUMAN RESOURCES

Texas Department of Human Resources
John H. Reagan State Office Building
1400 North Congress Avenue
Fourth Floor
Austin, Texas 78701

The Texas Department of Human Resources has a branch office located in every county. The primary function of this department is to function as a referral source. In addition, counseling and testing services for the mentally retarded are offered through contracts to other facilities.

Filmstrips and other resource materials are available through the Department of Human Resources in Austin, Texas. A list of available resources can be provided upon request.

The mainstreaming teacher should check out local and county resources before contacting state and national agencies. Referrals will be more effective if initiated at the local level.

SELECTED RESOURCES
FOR THE MULTIPLE HANDICAPPED

Resources generally address specific handicapping conditions. Due to the diverse characteristics of the multiple handicapped, the teacher should refer to parts of the manual which treat various handicaps for suggested resources.

Resources, that are general in nature, are a valuable aid in assisting the student with multiple handicaps. Those listed below are considered helpful for specific as well as for multiple handicapping conditions.

American Vocational Association
2020 N. Fourteenth Street
Arlington, VA 22201

Bureau of Education for the Handicapped
U. S. Office of Education
400 Maryland Avenue SW
Washington, DC 20202

Clearinghouse on the Handicapped
Office for Handicapped Individuals
Room 338 D
Hubert H. Humphrey Building
Washington, DC 20201

Federation of the Handicapped
211 West Fourteenth Street
New York, NY 10011

National Center on Education Media and Materials for the Handicapped
The Ohio State University
220 West Twelfth Avenue
Columbus, OH 43210

National Committee for Multi-Handicapped Children
239 Fourteenth Street
Niagra Falls, NY 14303

President Committee on Employment of the Handicapped
111 Twentieth NW
Washington, DC 20210

Addresses for two guides that offer free materials that may be useful are listed for the convenience of the teacher. In addition, these materials are available to superintendents, librarians, or directors of instructional materials centers. Clear instructions on how to obtain the free films, filmstrips, slides, transparencies, audiotapes, video tapes, scripts, audio-discs and an abundance of printed materials are provided.

Educator's Guide to Free Guidance Materials: Eighteenth Edition, August, 1979. Compiled and edited by Mary H. Saterstrom, EPS Staff Editor. Published by Educators Progress Service, Inc., Randolph, Wisconsin 53956

Educator's Guide to Free Films: Thirty-Ninth Edition, 1979. Compiled and edited by Mary Foley Horkheimer and John C. Diffor, Wisconsin. Published by Educators Progress Service, Inc., Randolph, Wisconsin 53956

PART VIII

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APPENDICES

DATA COLLECTION INSTRUMENTS

A. INTERVIEW SCHEDULE: AGENCIES

MAINSTREAMING THE HANDICAPPED STUDENT IN VOCATIONAL HOME ECONOMICS

AGENCY INTERVIEW SCHEDULE

1. Name of Agency - Address

2. Name of Director

3. Purpose, function and policies of this agency

4. Services provided

5. Cost of this service to the handicapped individual or the family

6. Delivery system of services. (Through local agencies, etc.)

7. Availability of materials, films, services. Cost and procedure for securing materials.

8. Suggestions for public schools involved with mainstreaming

B. SURVEY INSTRUMENT: VOCATIONAL HOMEMAKING TEACHERS

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SURVEY INSTRUMENT

MAINSTREAMING THE HANDICAPPED STUDENT IN VOCATIONAL HOME ECONOMICS

QUESTIONNAIRE

DIRECTIONS: Please fill in the blanks with the appropriate response.

PART I
PERSONAL DATA

1. Academic degrees
   - ____ B.S.
   - ____ M.S.
   - ____ Other (please specify)

2. Teaching experience
   - ____ first year
   - ____ 1 - 3 years
   - ____ 3 - 5 years
   - ____ 5 - 10 years
   - ____ 10 or more years

3. Size of school
   - ____ B
   - ____ A
   - ____ 2A
   - ____ 3A
   - ____ 4A

4. Teaching Assignment

Area/Level	Number of handicapped students per area/level
____ Homemaking I	_____
____ Homemaking II	_____
____ Homemaking III	_____
____ Home and Family	_____
____ Specialized courses (specify) _____	
_____	

5. Educational preparation for teaching:

	No Prep.	Minimum Prep.	Adequate Prep.
Blind/visually impaired	_____	_____	_____
Deaf/hard of hearing	_____	_____	_____
Orthopedically impaired	_____	_____	_____
Educable mentally retarded	_____	_____	_____
Trainable mentally retarded	_____	_____	_____
Emotionally disturbed	_____	_____	_____
Learning disabled	_____	_____	_____
Speech impaired	_____	_____	_____
Multiple handicaps	_____	_____	_____
Other	_____	_____	_____

6. Assistance provided in preparation for teaching handicapped:

Type of assistance	Example
____ In-service education	_____
____ Coordination between special education and vocational education	_____
____ Provision of teacher aides	_____
____ Reinforcement of positive attitudes	_____
____ Innovative teaching strategies	_____
____ Modification of facilities	_____
____ Provision of special equipment	_____
____ Adequate instructional resources	_____
____ Adequate financial support	_____
____ Effective administrative support	_____
____ Other (please specify)	_____

PART II
TEACHING THE HANDICAPPED

DIRECTIONS: Please complete one questionnaire for each type of handicapping condition in your classes.

1. Type of handicap _____ Area/Level _____
   Number of students with this handicap _____ Age Range _____
   Number of Males _____ Number of Females _____

2. What alterations were necessary in the physical environment to carry out the instructional program to the best advantage of the student?

   Safety

   Convenience

   Comfort

3. What problems have you encountered in teaching students with this handicapping condition in the following areas?

   Teaching techniques

   Managing behavior of students

   Evaluating handicapped students

   Providing adequate facilities and equipment

4. Briefly describe 3 techniques which have been most successful in teaching students with this handicapping condition in the following areas:

Teaching techniques

Managing behavior of students

Evaluating handicapped students

Providing adequate facilities and equipment

5. Is there additional cost by having handicapped students in mainstreaming classes with regular students? Yes or No

If possible, give a cost estimate

SELF EVALUATION INSTRUMENT

SELF-EVALUATION INSTRUMENT

This instrument can be utilized for routine evaluation of teacher effectiveness in mainstreaming situations.

	Always	Often	Sometimes	Never
Planning Instructional Strategies				
a. Do you serve on ARD Committees?				
b. Is parent participation encouraged in planning each handicapped student's instructional program?				
c. Are IEP's developed for each handicapped student?				
d. Are resource materials for working with handicapped students available?				
e. Do you have access to available background data for each handicapped student in your class?				
f. Is an assessment made of the capabilities and limitations of each handicapped student in terms of the goals of the homemaking program?				
g. Is specialized equipment provided when necessary for a handicapped student to achieve educational goals?				
Executing Strategies				
a. Are realistic individual goals set to develop special talents or strengths of students?				
b. Are challenging experiences provided in which the student can be successful?				
c. Are adapted experiences provided which are not "watered down" activities?				
d. Is each successful experience recognized; reinforced?				
e. Are situations avoided which might lead to a stigma being attached to the handicapped student?				

	Always	Often	Sometimes	Never
f. Is the program flexible to allow for the unexpected behaviors that may occur?				
g. Is an effort made to limit stimuli and screen out distractions?				
Teaching Techniques Check the following activities that are used in regular classroom. a. Adapted visual aids				
b. Taped recordings				
c. Assistants to read to handicapped students				
d. Speaking in full view of the student				
e. Use of precise and short sentences				
f. Maintenance of eye contact				
g. Reading aloud everything that is written				
h. Use of outlines and vocabulary lists				
i. Full explanation of handouts				
j. Provision of reading materials on the level of the student				
k. Use of concrete examples				
l. Avoidance of abstractions				
m. Clustering and sequencing of related materials				
n. Use of films and filmstrips				
o. Provision of question and answer sessions				

	Always	Often	Sometimes	Never
p. Presentation of material in small steps and allowing time for practice of each step				
q. Offering praise or rewards for work accomplished				
Check the following activities that are used in laboratory work.				
a. Coordination of theory with laboratory work				
b. Development of concepts and skills to serve students outside the classroom and in school				
c. Establishment of short range goals				
d. Use of logical step-by-step procedures in proper sequence				
e. Use of specific instructions for expectations				
f. Use of small groups or buddy system to carry out instructional activities				
g. Provision of experiences that are meaningful				
h. Orientation to laboratory facilities relative to placement, purpose and use of equipment				
i. Instruction in safety precautions and in handling emergency situations				
j. Demonstration of laboratory procedures				
k. Check for accuracy to facilitate successful experiences				
l. Allowance of sufficient time to complete tasks				

	Always	Often	Sometimes	Never
Management of Behavior				
Indicate the behavior management techniques used in mainstreaming.				
a. Demonstrate firm, consistent, and positive attitude				
b. Expect good behavior				
c. Develop rules cooperatively				
d. Limit number of rules to essentials				
e. Print and post basic rules				
f. Reinforce desirable behavior				
g. Use tangible rewards				
h. Keep records of behavior and analyze periodically				
i. Teach socially acceptable behavior				
j. Encourage small group participation				
k. Assign handicapped student to space that is most conducive to learning				
l. Use role playing to illustrate acceptable behavior				
m. Provide acceptable energy outlets				
n. Use "time-out" areas				
o. Isolate students with chronic behavior problems				
p. Restrict or deny privileges if abused				

	Always	Often	Sometimes	Never
q. Use behavior modification techniques				
r. Consult with others for assistance in dealing with behavior problems				
Assessment/Evaluation				
Check the following statements as each reflects your policies toward student evaluation.				
a. Evaluation is a continuing process				
b. Individual goals are used as a basis for evaluation				
c. Immediate feedback is given on evaluations				
d. Successful experiences are given positive reinforcement				
Indicate the following assessment methods that are used.				
a. paper and pencil exercises				
b. oral tests				
c. take-home tests				
d. role playing situations				
e. visual test with actual objects				
f. teacher observation				
g. checklists				
h. rating scales				
i. anecdotal records				

	Always	Often	Sometimes	Never
j. projects				
k. laboratory observations				
l. self evaluation				
m. peer evaluation				
Management of Facilities				
a. Specialized equipment is provided to facilitate desired learning experiences for a specific handicap.				
b. Sufficient space is provided for activities which are important to handicapped students.				
c. The budget is adequate to provide for the needs of handicapped students.				
d. Modification of existing facilities is possible when it is to the advantage of the handicapped student.				
e. The total number of students per class is limited to provide time for extra individual attention for handicapped students.				
f. Increased paperwork pertaining to handicapped students is a problem.				
g. The extra responsibility placed on a teacher who has handicapped students in the class is a problem.				
h. The basic curriculum must be altered to serve handicapped students.				
i. Support from the administration is adequate.				

	Always	Often	Sometimes	Never
j. Coordination between the classroom teacher and special education is adequate.				
k. Precautions have been considered in relation to the safety and health of the handicapped student.				